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|   |  |                          |                        |            |
|---|--|--------------------------|------------------------|------------|
| <b>FEE TRANSMITTAL</b><br>For FY 2005<br><br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | <b>Complete if Known</b> |                        |            |
|   |  | Application Number       | 09/783,091-Conf. #4483 |            |
|   |  | Filing Date              | February 15, 2001      |            |
|   |  | First Named Inventor     | Chung-Yen LU           |            |
|   |  | Examiner Name            | Y. J. Couso            |            |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | 910.00                   | Art Unit               | 2625       |
|   |  |                          | Attorney Docket No.    | 3626-0142P |

**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

20    -20 =    0    x    =    \_\_\_\_\_

**Multiple Dependent Claims**

**Fee (\$)**    **Fee Paid (\$)**

\_\_\_\_\_

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

3    -3 =    0    x    =    \_\_\_\_\_

**3. APPLICATION SIZE FEE**

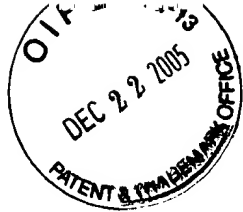
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| _____        | _____        | _____ /50 (round up to a whole number) x _____   | _____    | _____         |

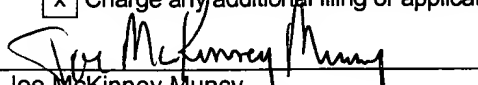
**4. OTHER FEE(S)**

|   | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount)                     |                |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | 120.00         |
| 1801 Request for continued examination (RCE)  | 790.00         |

|                     |                    |                                   |                   |
|---------------------|--------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                    |                                   |                   |
| Signature           |                    | Registration No. (Attorney/Agent) | 32,334            |
| Name (Print/Type)   | Joe McKinney Muncy | Telephone                         | (703) 205-8000    |
|                     |                    | Date                              | December 22, 2005 |



MS AF  
REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

| AMENDMENT TRANSMITTAL LETTER  |   |   |                                   | Docket No.<br>3626-0142P |        |
|---|---|---|-----------------------------------|--------------------------|--------|
| Application No.<br>09/783,091-Conf. #4483   |   | Filing Date<br>February 15, 2001        |                                   | Examiner<br>Y. J. Couso  |        |
| Art Unit<br>2625  |   |   |                                   |                          |        |
| Applicant(s): Chung-Yen LU  |   |   |                                   |                          |        |
| Invention: METHOD AND APPARATUS FOR ELIMINATING JAGGED EFFECTS USING POST FILTERING   |   |   |                                   |                          |        |
| <b>MS AF</b><br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |   |   |                                   |                          |        |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.   |   |   |                                   |                          |        |
| <b>CLAIMS AS AMENDED</b>  |   |   |                                   |                          |        |
|   | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                     |        |
| Total Claims  | 20  | - 20 =                                  |                                   | x                        |        |
| Independent<br>Claims   | 3   | - 3 =                                   |                                   | x                        |        |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |   |   |                                   |                          |        |
| Other fee (please specify): Extension for response within first month   |   |   |                                   |                          | 120.00 |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |   |   |                                   |                          | 120.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity  |   |   |                                   |                          |        |
| <input type="checkbox"/> No additional fee is required for this amendment.  |   |   |                                   |                          |        |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.  |   |   |                                   |                          |        |
| <input checked="" type="checkbox"/> A check in the amount of \$ 120.00 to cover the filing fee is enclosed.   |   |   |                                   |                          |        |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |   |   |                                   |                          |        |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448<br>as described below. A duplicate copy of this sheet is enclosed. |   |   |                                   |                          |        |
| <input checked="" type="checkbox"/> Credit any overpayment.   |   |   |                                   |                          |        |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |   |   |                                   |                          |        |
| <br>Joe McKinney Muncy<br>Attorney Reg. No.: 32,334  |   |   |                                   | Dated: December 22, 2005 |        |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8026                                      |   |   |                                   |                          |        |